Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **May 1**st **through 15th.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PPLICATIO	N FOR	 			Applicant Identifier		LE D
EDERAL A	SSISTANC	E 2. DATI	SUBMITTED 05/15/03		Applicant Identifier	////5	LE G E
TYPE OF SUBMISSION:			E RECEIVED BY STAT	E	State Application Identifier	144/	16
Application Construction Non-Construction	Preapplication Construction Non-Construction		E RECEIVED BY FEDE	PAL AGENCY	Federal Identifier	8712	- 15 - 20.
APPLICANT INFORMATION	NO			_		- VIE	CIE
jal Name:	rogress, Inc.	Eroeno Co	unty SER	Organizational U	SER-Jobs For	Progress	TACARIA
dress (give city, county, S	tate and zip code): vis, Suite 109			Name and lelept this application (name number of the person to be give area code): Rebecc (559) 48	a Mendibl	ers involving es
EMPLOYER IDENTIFICA	4 - 2 1	8 8 6	09	A. State B. County C. Municipal	J. Private Unive	School Dist. ed Institution of Higt	
. TYPE OF APPLICATION	K _{New} D Con	linuation	≘ Revision	D. Township E. Interstate F. Intermunicip G. Special Dist			PROFIT ORG
Revision, enter appropria	te tetter(s) in box(es):				EDERAL AGENCY:	INCHN	
A. Increase Award D. Decrease Duration	B. Decrease Award Other (specify):	C. Increase Du	ration		of Labor - Emplo	yment & T	raining Adm
0. CATALOG OF FEDER	AL DOMESTIC ASSIST	ANCE NUMBER:	4 1 10 MARTINE # 44		TIVE TITLE OF APPLICANT'S PE		
[1]	7_24[Farmworke	7	gram	SER N	ational Farmwor	ker Jobs F	Program
2. AREAS AFFECTED B Fresno City	Y PROJECT (cilies, coun , Fresno Cou	nty, Califor	rnia State				
3. PROPOSED PROJEC	T:	14. CONGRESSIO	ONAL DISTRICTS OF:				
Start Date	Ending Date	a. Applicant SE	ER-Jobs For	Progress	, Inc. b. Project S	SER NFJP	
07/01/03	06/30/04		16 IS APPLICATIO	N SUBJECT TO RE	VIEW BY STATE EXECUTIVE (ORDER 12372 PRO	CESS?
5. ESTIMATED FUNDIN	s3,075,653	.00		DE ADDLICATIONIA	PPLICATION WAS MADE AVAI R 12372 PROCESS FOR REVIE	LABLE TO THE	
a. Federal	\$3,073,003	.00	DATE _	55/16/03	N 12312 FN 00000 F 07 NEVIE		
o. Applicant	5	.00	7	GRAM IS NOT COV	ERED BY E.O. 12372		
d. Local	s	.00	D OR PF	ROGRAM HAS NOT	BEEN SELECTED BY STATE	FOR REVIEW	
e. Other	\$.00	1				
f. Program Income	5	.00	17. IS THE APPLIC	CANT DELINQUENT	ON ANY FEDERAL DEBT7		
g. TOTAL	\$3,075,653	.00		Yes," attach an expl		χ̈́No	
		ELIEF, ALL DATA IN HE APPLICANT AND	THIS APPLICATION/PR	REAPPLICATION AF L COMPLY WITH T	RE TRUE AND CORRECT. THE HE ATTACHED ASSURANCES		
				Executive		c.	Felephone number
a. Typed Name of Autho							559) 452-0881
	Mendibles					1 -	0.4.0
a. Typed Name of Author Rehecca d. Signature of Authoriz							Date Signed 15/15/03

Fax #,

Fax #

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

		2. Date S	Submitted	4. HUD Application Number
1. Type of Submission			5/12/2003	
x Application	Preapplication	3. Date a	and Time Received by HUD	5. Existing Grant Number
·				6. Applicant Identification Number
7. Applicant's Legal Name			8. Organizational Unit	
Mercy Housing California				
9. Address (give city, county, S	State, and zip code)		10. Name,title,telephone number,	fax number, and e-mail of the person to be
A. Address:	500 S. Main Street, Suite 11	0	contacted on matters involving th	is application (including area codes)
B. City:	Orange		A. Name:	Dara Kovel
C. County:	Orange		B. Title:	Assistant Secretary
D. State:	CA		C. Phone:	714-550-5080
E. Zip Code:	92868		D. Fax:	714-550-5085
			E. E-mail:	dkovel@mercyhousing.org
11. Employer Identification Nur	mber (EIN) or SSN		12. Type of Applicant (enter appre	opriate letter in box) N
94-3081666			A. State	University or College
			B. County	J. Indian Tribe
13. Type of Application			C. Municipal	K. Tribally Designated Housing Entity (TDHE)
x New Continuation	Renewal R	evision	D. Township	L. Individual
		_	E. Interstate	M. Profit Organization
If Revision, enter appropriate le	etters in box(es)	1	F. Intermunicipal	N. Non-profit
A. Increase Amount B. Decreas	se Amount C. Increase Duratio	n n	G. Special District	O. Public Housing Authority
D. Decrease Duration E. Other	(Specify)		H. Independent School District	P. Other (Specify)
			14. Name of Federal Agency	
			U.S. Department of Housing	and Urban Development
15. Catalog of Federal Domest			16. Descriptive Title of Applicant's	s Program
	1 4	157	New Dana Strand Senior Homes	
Title:	HUD Section 202		1	e, service-enriched units for seniors and 1
Component Title:			two-bedroom manager's unit.	
17. Areas affected by Program		ates,		MAY 1 5 2003
Indian Reservation, etc.)	City of Los Angeles			Chicago and Chicag
	Los Angeles County			STATELEARING
18a. Proposed Program start d	· · · · · · · · · · · · · · · · · · ·	end date	19a. Congressional Districts of Ap	
12/01/2003	12/01/2005		District 8	District 36
20. Estimated Funding: Applic				
21. Is Application subject to rev				
A. Yes X This preappli	ication/application was made a	vailable to	the State Executive Order 12372 F	Process for review on: Date 05/12/03
B. No Program is n	ot covered by E.O. 12372			
Program has	not been selected by State for	review.		
22. Is the Applicant delinquent	on any Federal debt? x	No		
Yes If "Yes," explain I	below or attach an explanation.	•		
				
				ł

Funding M	atrix								
1 ''	st provide the funding n implete the certification		elow, listing ea	ach program fo	r which HUD f	unding is being	9		
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	\$11,965,288	\$10,000	\$1,483,975	\$0	\$0	\$525,000	\$295,422	\$0	\$14,279,685
·								·	
Grand Totals	\$11,965,288	\$10,000	\$1,483,975	\$0	\$0	\$525,000	\$295,422	\$0	\$14,279,685
								·	
of the applicant, to Congress, an offic of this Federal gra or will be paid for in Disclosure Form to similarly certify and Federally recognitions as a result of the etribes and TDHEs. This application in the funding you are information in this the agreement.	est of my knowledge and any person for influen er or employee of Congrit or its extension, rene and the congrit of the congrit	ncing or attemp gress, or an er ewal, amendming to influence ertify that I sha tribally designate overeign powerate law are not a lances and Certifices and Certifices and Certifices	oting to influence imployee of a Name of the persons list all require all surface declarated housing ear are excluded excluded from tifications (HU incations currer	ce an officer or Member of Congation. If funds sted above, I slub awards at all entities (TDHEs d from coverage the statute's clD-424B) attachtly on file with erial representa	r employee of a gress, in connocther than Fechall complete a self tiers (including s) established the of the Byrd Acoverage. The to this apple HUD. To the ation of fact up	an agency, a Mection with the deral appropriation and submit Stang sub-grants by Federally-realmendment, but best of my knoon which HUE	Member of e awarding ated funds have andard Form-Li and contracts) ecognized India ut State-recogr ews and incorp owledge and be	e LL, to an tribes nized Indian porates for elief, all	
Title(Assistant Secretar	v				Dara Kovel		Date (mm/dd/ 05/12/03	уууу)	62-53-56-55-56-56-56-56-56-56-56-56-56-56-56-

APPLICATION FOR				QMB A	pproval No. 0346-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED 5/22/03		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction X Non-Construction	Preappilication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Faderal (dentifier	
6. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Tri-County Econor Address (give city, county, State,	nic Developmen	t Corporation	Name and telephone	number of person to be contac	ted on metters involving
			this application (give a		
2540 Esplanade,		ı	Marc Nemant	c 530-893-8732	
Chico, Butte Cour 6. EMPLOYER IDENTIFICATION				NT: (enter appropriate latter in	1 box)
68 - 0 0 65			A. Slale	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. Caunty	1. State Controlled Institution	of Higher Learning
☐ Now	Cantinustion	☐ Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
Il Revision, enter appropriate lette	eria) in horias)	1	E. Interstate	L. Individual	
it Mavision, direst appropriate ioni	27(0) 111 002(00)		F. Intermunicipal	M. Profit Organization	EDD
7 2 11101 222 2 1 1 1 1 2 1	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	ipecity):		9. NAME OF FEDER	AL AGENCY:	
			, -	tment of Commerc	
				Administration	
	elopment Suppo g Organization	111 or 3 0 2	Implementat development encourage name to fost	TLE OF APPLICANT'S PROJ ion of long-ran program design ew employment of er a stable and	ge economic ed to pportunities diversified
Butte, Glenn & T Incorporated Cit	ehama Counties ies Therin	and the	conditions	omy and improved so as to allevi . unemployment/u	nderemploymen
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS.OF:	in the Tri-	County region o	f Butte, Glen
Start Date Ending Date 7/1/03 6/30/04	a. Applicant		2	-	
15. ESTIMATED FUNDING:	A DATA STATE OF THE STATE OF TH	MAY 1 4 7	OHDER 12372 P	N SUBJECT TO REVIEW BY S ROCESS?	STATE EXECUTIVE
a. Federal	\$ 67,000 nn s	TATE OLEADING	LANES THIS PRE	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$	NATE OLEANING	AVAILABL	E TO THE STATE EXECUTIV	E ORDER 12372
o. Applicant			PROCESS	FOR REVIEW ON:	
c. State	5		DATE	5/13/03	
d. Local	\$ 22,334.00	•	6. No. D PROGR	AM IS NOT COVERED BY E.	O. 12372
e, Other	\$	·	OR PRO	OGRAM HAS NOT BEEN SELI EVIEW	ECIED BY SINCE
f. Program Income	\$,bo	17. IS THE APPLICA	ANT DELINQUENT ON ANY F	EDERAL DEBT?
g, TOTAL	\$ 89,334.00	,66		attach an explanation.	X No
18. TO THE BEST OF MY KNO DOCUMENT MAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED AND THE G	CAFRUING BODY OF 11	CATION/PREAPPLICA HE APPLICANT AND T	THE APPLICANT WILL COMP	PLY WITH THE
a. Type Name of Authorized Re	Cosonially 1	TINA		c. Telephone Number	
Marc Nemanic	AUGV IN	Executive I)irector	530-893-8732	
d. Signature of Authorized Repri	Bondalium	4.		e. Date Signed 5/23/0	3
Pravious Edition Usable		*		Blandard Form 4	
Authorized for Local Reproduction	on	→		Prescribed by ON	AB Circular A-102

Application for Federal

Assistance		2. Date Submitted			Applicant Identifier	Applicant Identifier		
		05/15/03			B-03-UC-06-0507			
I. Type of Submission:		3. Date Receiv	ved by State		State Application Id	entifier		
		•			95004804			
Application: Not Appress Application:	plicable	4. Date Received by Federal Agency		Federal Identifier				
5. Applicant Information								
Legal Name			Organ	izational Unit County Exec	utive Office			
County of Ventu	ra				ulive Ouice			
Ventura, CA 930	ria Avenue, L# 1940 009		Conta	ct Christy Mado (805) 654-28	den 76			
Ventura								
6. Employer Identification 956000944	Number (EIN):		7. Тур	e of Applicant:	· Con to			
8. Type of Application: Type: Continuation	1		,	·	County			
			a Nar	ne of Federal Ag	iency:			
			3. 140		f Housing & Urban [Development		
Assistance Title: 12. Areas Affected by Pro	4.218 HUD Community Devolect: DBG Entitlement Area		1 1	Block Grant Pro		Community Development		
13. Proposed Project:		14. Cor	ngressional Dist	ricts of:		•		
Start Date	Start Date	a. Appl	licant		b. Project	10411		
07/01/03	06/30/04		23rd and 24th		23rd and			
15. Estimated Funding:			16. Is Application	n Subject to Rev	riew by State Executiv	e Order 12372 Process?		
a. Federal	\$2,496.0	00	Review S		m covered			
b. Applicant	\$0		·	Date:: 04/10/	03	MAY 1 4 2003		
c. State	\$0					STATE CLEARING HOL		
d. Local	\$0			cant Delinquent No	on Any Faderal Debti) 300		
e. Other	\$0							
f, Program Income	\$264,00	0						
g. Total	\$ 2,760,	000		:				
18. To the best of my know by the governing body of the	viedge and belief, all d ne applicant and the a	ats in this app pplicant will co	lication/preappli emply with the at	ication are true s tached assuran	and correct, the docur ces if the assistance i	nent has been duly authorized s awarded.		
a. Typed Name of Author John F. Johnst	rized Representative	b. Title	unty Executive		c. Telephone Nu (805) 69	MD8F		
d. Signature of Authorize		<u> </u>			e. Date Signed			
OM	100	200			05/06/0	3		

OMB Approval No. 0348-0043

APPLICATION FOR	2. DATE SUBMITTED		Applicant Identifier		
	A _l	oril 2003			
FEDERAL ASSISTANCE	<u> </u>	N/OTATE			
1. TYPE OF SUBMISSION:	3. DATE RECEIVED I		State Application Identifier		
☐ Non-Construction ☐ Non-Construction	4. DATE RECEIVED I	BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name: City of Redding, California		Organizational Unit: Benton Airpark			
Address (give city, county, state, and zip code)		Name and telephone nun	ber of the person to be contracted on matters		
777 Cypress Avenue		involving this application			
Redding, CA 96001		Rod A. Dinger, Air	rports Manager		
Shasta County		(530) 224-4321			
EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT	: (enter appropriate letter in box)		
9 4 - 6 0 0 0 4	0 1	A. State B. County C. Municipal D. Township	H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe		
8. TYPE OF APPLICATION:		E. Interstate	L. Individual		
☑ New ☐ Continuation ☐ Revision		F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)		
If Revision, enter appropriate letter(s) in box(es):					
A Increase Award B Decrease Award C Increase D D Decrease Duration Other (specify)	Duration		MAY 1 3 2003		
(,,,,		9. NAME OF FEDERAL			
		Federal Aviation A	Administration STATE CLEARING HOUSE		
10. CATALOG OF FEDERAL DOMESTIC		11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:		
ASSISTANCE NUMBER 2 0 . 1	0 6	1. Land Acquisi			
(ITLE: Airport Improvement			ing – Phase III		
Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			3 Safety Area Design – Phase I		
City of Redding, Anderson and Red Bluff; Countie		4. Drainage Mas	ster Plan & Improvements – Phase I		
Tehama, Trinity, Siskiyou, Modoc, and Lassen; St					
California		E			
13. PROPOSED PROJECT 14. CONGRESSIONAL D	DISTRICTS OF				
Start Date		b. Pro	ject		
0/1/03 3/31/04 #02		π02			
			STATE EXECUTIVE ORDER 12372 PROCESS		
432,000			CATION WAS MADE AVAILABLE TO THE 372 PROCESS FOR REVIEW ON		
b. Applicant \$ 0 .00 c. State \$ 22,950 .00	D	: 4/7/03			
22,930					
28,030	——————————————————————————————————————	PROGRAM IS NOT COVE			
		OR PROGRAM HAS NOT I T DELINQUENT ON ANY F	BEEN SELECTED BY STATE FOR REVIEW FEDERAL DEBT?		
g. TOTAL \$ 510,000 .00		attach an explanation	—————————————————————————————————————		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA	-				
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT A AWARDED			ATTACHED ASSURANCES IF THE ASSISTANCE IS		
a. Typed Name of Authorized Representative b. Title			c. Telephone number		
Michael Warren City Mar d. Signature of Authorized Representative	nager		(530) 225-4060 e. Date Signed		
d. Signature of Authorized Representative			E 7 K7		
X form to			x5 +-00		
revious Editions Net Usable			Standard Form 424 (REV 4-88)		

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OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier APPLICATION FOR April 2003 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application

Construction Preapplication ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: City of Redding, California **Redding Municipal Airport** Name and telephone number of the person to be contracted on matters Address (give city, county, state, and zip code) involving this application (give area code) 777 Cypress Avenue Rod A. Dinger, Airports Manager Redding, CA 96001 (530) 224-4321 **Shasta County** 7. TYPE OF APPLICANT: (enter appropriate letter in box) EMPLOYER IDENTIFICATION NUMBER (EIN): \mathbf{C} H. Interdependent School District A. State 0 B. County State Controlled Institution of Higher Learning Municipal Private University Township K. Indian Tribe 8. TYPE OF APPLICATION: Individual Interstate Intermunicipal M. Profit Organization Revision New New Continuation G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): Increase Award **B** Decrease Award MAY 1 3 2003 **Decrease Duration** Other (specify) 9. NAME OF FEDERAL AGENCY Federal Aviation Administration TATE CLEARING HOUSE DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER Land Acquisition - Phase I 1. 0 6 Construct ARFF Facility - Phase II 2. **TITLE: Airport Improvement** Program (AIP) 3. **Operational Security Costs** 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): General Aviation Apron Reconstruction - Phase II 4. City of Redding, Anderson and Red Bluff; Counties of Shasta, 5. Fire Protection Waterline Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT **Ending Date** a. Applicant b. Project Start Date 5/31/04 #02 #02 6/1/03 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Federal	\$ 13,650,000	.00	a. YES,		ATION WAS MADE AVAILABLE TO THE 72 PROCESS FOR REVIEW ON
b. Applicant	\$ 0	.00			
c. State	\$ 0	.00		DATE: 4/14/03	
d. Local	\$ 1,510,000	.00	b. NO	PROGRAM IS NOT COVER	ED BY E. O. 12372
e. Other	\$ 0	.00		OR PROGRAM HAS NOT I	SEEN SELECTED BY STATE FOR REVIEW
f. Program income	\$ 0	.00	17. IS TH	E APPLICANT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$ 15,160,000	.00		Yes If yes, attach an explanation	⊠ No
					CT, THE DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF THE ASSISTANCE IS
a. Typed Name of Authoriz	ed Representative	b. Title			c. Telephone number
Michael Warren	<i>-</i>	City M	anager		(530) 225-4060
d. Signature of Authorized	Representative				e. Date Signed
		NON-Kentrophorographorographics	for	-	5-7-03
Previous Editions Not Usah	le .	······································			Standard Form 424 (REV 4-88

APPLICATION FO)R			OMB Approval No. 0948-0
FEDERAL ASSIS	TANCE	2. DATE SUBMITTED April 2	23, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED	BY STATE	State Application Identifier
Construction Non-Construction APPLICANT INFORMAT	Construction Non-Construction	I	BY FEDERAL AGENCY	Federal Identifier
egal Name:			Organizational Unit:	
Southern Californi	a Presbyterian Hor	nes	Affordable Ho	ousing
ddress (give city, county, S	·		Name and telephone	number of person to be contacted on matters invo
516 Burchett Stree Glendale, CA 9120			sylvia Karl, (area code) 562) 928-2703
	•			karl@aol.com
95 - 189				ANT: (enter appropriate latter in box)
TYPE OF APPLICATION:			A. State	H. Independent School Dist.
	_	,	B. County	I. State Controlled Institution of Higher Learning
	New Continuation	Revision	C. Municipal	J. Private University
Revision, enter appropriate	Color(s) in hoving)	_ _	D. Township	K. Indian Tribe
			E. Interstate	L. Individual
A. Increase Award B. I	Decrease Award C. Incre	ese Duration	F. Intermunicipal	M. Profit Organization
	ner(specify):	ase maisting	G. Special District	N. Other (Specify) Non-profit
			9. NAME OF FEDER	AL AGENCY:
				mmunications and Information Administr
). Catalog of Federal	Domestic Assistance	NUMBER: 1 1 - 5 5 2	- I	TLE OF APPLICANT'S PROJECT:
TITLE: Technolog	y Opportunities Progra	am	Abilities for Pesi	dent Service Coordinators
	ROJECT (Citles, Countles, 3	•	Aplines for Vesic	MAY 1 2 2003
3. PROPOSED PROJECT	14. CONGRESSIONAL			WALLE
ian Date Ending Date				CEATICIEARING HOUSE
	a. Applicant	••	b. Project	Franchise processing and a second part of the second and the second part of the second pa
10/1/03 9/30/05	CA	29	CA: 22~	40,42,44,46-53; AZ: 1-8; NV: 1-3
. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE
Federal	\$	658,256	a. YES. THIS PREA	IPPLICATION/APPLICATION WAS MADE
Applicant	\$	805,539	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
State	\$	Da	DATE	04/23/03
Local	\$	ao	Ī	M IS NOT COVERED BY E. O. 12372
Other	\$	(14		GRAM HAS NOT BEEN SELECTED BY STATE
Program Income	\$, CO		IT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$	1,463,795	1 _	attach an explanation.
TO THE BEST OF MY KN OCUMENT HAS BEEN DU	OWLEDGE AND BELIEF, A	LL DATA IN THIS APPLIC	ATION/PREAPPLICATI E APPLICANT AND TH	ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE
TACHED ASSURANCES (F THE ASSISTANCE IS AW	ARDED.		and the second s
Type Name of Authorized Re Vivia Karl	· · · · · · · · · · · · · · · · · · ·	b. Title Director of Social S		c. Tolophone Number (562) 928-2703
Signature of Authorized Rep	resentative Hanc			e. Date Signed 4/23/03

Previous Edition Usable

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE April 23, 2003 3 DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: OCCUR (Oakland Citizens Comm. for Urban Renewal) Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 1330 Broadway, Suite 1030, Oakland, CA 94612 Alameda County 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) M 94-2189245 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Revision New New Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of Commerce, NTIA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 — 5 5 2 GO DEEP! (Greater Oakland Gigital Education Empowerment Proj.) TITLE: Technology Opportunity Program, NTIA, DOC 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Greater Oakland Area, Alameda County, CA MAY 1 2 2003 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: STATE CLEARING HOUSE Start Date **Ending Date** a. Applicant b. Project California - 9 10/1/03 9/30/06 California - 9 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal \$ 700,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 1,409,135 PROCESS FOR REVIEW ON: c. State \$ 04/23/03 DATE d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 00 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. b. Title c. Telephone Number a. Type Name of Authorized Representative (510) 839-2440 **Executive Director**

2,109,135

David Glover

d. Signature of Authorized Representative

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g. TOTAL

/03 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

₩ No

Yes If "Yes," attach an explanation.

e. Date Signed

OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE April 23, 2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier <u>Application</u> Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: OCCUR (Oakland Citizens Comm. for Urban Renewal) Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 1330 Broadway, Suite 1030, Oakland, CA 94612 Alameda County 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) M 9 4 - 2 1 8 9 2 4 5 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning J. Private University C. Municipal Revision Continuation New New D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of Commerce, NTIA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 5 | 5 | 2 (Greater Oakland Gigital Education Empowerment Proj.) TITLE: Technology Opportunity Program, NTIA, DOC 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Greater Oakland Area, Alameda County, CA MAY 1 2 2003 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT STATE CLEARING HOUSE b. Project Start Date **Ending Date** a. Applicant California - 9 California - 9 10/1/03 9/30/06 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** a. Federal \$ 700,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant 1.409.135 PROCESS FOR REVIEW ON: c. State S 04/23/03 DATE ÔÔ d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ e. Other FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

2,109,135

AT I ACTIED ASSURANCES II THE ASSISTANCE IS ANA	NOLD.	
a. Type Name of Authorized Representative		c. Telephone Number
David Glover	Executive Director	(510) 839-2440
d. Signature of Authorized Representative		e, Date Signed 04/22/03

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

No No

Yes If "Yes," attach an explanation.

			Form 424	JIVIB Approval No. C	1348-0043
application for		2. Date Submitted		3. Applicant Identifier	
Federal Assistance			24-Apr-03		
1. Type of Submission Application		3. Date rec	ceived State	State Application Identifier	
Application	Preaplication				
x Constuction	Construction	4. Date rec	eived by Federal	Federal Identifier	
x Non-Constuction	Non-Construction	Agency:	·		
5. Applicant Information		<u> </u>			
	Peninsula Corrido	or Joint Po	wers Board		
Address (give city, county, state	e, and zip)	***************************************	Name and telephone	of contact person (give area co	de)
1250 San Carlos A				lavit, (650) 508-6476	•
San Carlos, San M	ateo County, CA 9	4070		,	
,	,				
6. Employer Identification Number	per (EIN):		7. Type of Applicant	(enter appropriate letter in box)	G
9 4 3152903				, , , ,	
8. Type of Application			A. State	H. Independent School	Dst.
o. 1,po o. 1,ppoao			B. County	I. State Controlled Instit	
x new continuation		Revision	C. Municipal	of higher learning.	
If revision, enter appropriate let	ter(s)	1 (0 1 10 10 11	D. Township	J. Private University	
in boxes:			E. Interstate	K. Indian Tribe	
A. Increased Award B. Decrea	sed Award		F. Intermural	L. Profit Insitution	
C. Increase Award D. Decreas			G. Special District	M. Other: MPO	
	e Duration		O. Opecial District	W. Other. Wi	
Other (specify):					
10. Catalog of federal domestic			9. Name of federal Age	anch.	
_	20.500			nl Transit Administration	
Section 5309 Capit			11. Descriptive title of a		
12. Areas affected by project:	ai Fiogram		11. Descriptive title of a	applicant project	
San Francisco, San Mateo ar	nd Santa Clara Co	untine	EV 200	2/03 Capital Improvements:	
Sali Fialicisco, Sali Mateo al	iu Santa Ciara Co	unities	1	Rehabilitation	
13. Proposed Project			1	Rehabilitation	
Start Date:	End Date:			Crossing Rehabilitation	
12/9/02	7/31/08		1	nwide Track Rehabilitation	
12/9/02	1131100	1			
15. Estimated Funding			Caltrain Maintenance Facility Systemwide Security		
	¢22.050.025	144.0		iwide Security	
a. Federal	\$33,836,923	_	ssional Districts of:		
b. Applicant		a. Applicar		B. Project	
c. State			14, 15 & 16	8, 12, 13, 14, 15 & 16	
d. Local	\$8,464,231				
f. Program Income		16. Is appli	cation subject to review	by state executive 12372 process?	Yes
e. Other	£40 004 4EC			n was made available to the	
g. TOTAL	\$42,321,156	4	cutive order 12372 proce	ess review on	
17. Is the applicant delinquent		Date:	5/12/03		
on any federal debt?		b. No	Program is not covere		
Yes.(attach an expl	anation)	or	or program has notbe	en selected by state for review	
X No.		<u> </u>			
18. To the best of my knowled					
The document has been duly a			by of the applicant and	d the applicant will comply	
with the attached assurances if		rded.	T. —		
a. Typed Name of Authorized Represer	ntative		b. Title	c. Telephone Number:	
Mike Scanlon			Executive Director	(650) 508-6221	
d. Signature of Authorized repr	esentative			e. Date Signed	
Mystanlo	W			5/2/03	

MAY 1 2 2003

STATE CLEARING HOUSE

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission	2. Date Submitted June 13, 2003	4. HUD Application Number
Application XX Preapplication	3. Date and Time Received by HUD	5. Existing Grant Number
		6. Applicant Identification Number
7. Applicant's Legal Name WASET, INC.	8. Organizational Unit	ASET, INC.
9. Address (give city, county, State, and zip code) A. Address: 3460 S. Broadway B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90007 11. Employer Identification Number (EIN) or SSN 95-4354411	contacted on matters involvin A. Name: $Noel\ Sweather$	Consultant -1104 -0094 t@aol.com
13. Type of Application	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District 14. Name of Federal Agency	J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 Title: Supportive Housing for th Component Title: Elderl 17. Areas affected by Program (boroughs, cities, countles, State Indian Reservation, etc.) City of Hemet,	16. Descriptive Title of Applica 157 A 75 unit af project in H HUD's Section HUD's Section R CA 62 years of	ffordable senior housing lemet, CA Funding through on 202 Capital Advance or very low income seniors age and over & the dis-
18a. Proposed Program start date $9/04$ 18b. Proposed Program en $12/05$	nd date 19a. Congressional Districts o	rs of age and over. f Applicant 19b. Congressional Districts of Program CA 44
20. Estimated Funding: Applicant must complete the Funding: 21. Is Application subject to review by State Executive Order 123 A. Yes B. No Program is not covered by E.O. 12372 Program has not been selected by State for results the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation.	B72 Process? Illable to the State Executive Order 1237 Inview. No	2 Process for review on: Date5/8/03
	STATE CLEA	RING HOUSE

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	\$7.5 Mil	•				\$300,00	0		0.00
								·	0.00
			AND THE REAL PROPERTY AND						0.00
	nd vest angewes per op commonling, cale many feature, and distribution and change of seature and								0.00
	ant, add to dat stock to to dat danned di Stock de Gast e eerstak oo ur 1964 is dat stad a		THE STATE OF THE S		and the second seco				0.00
Grand Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding

the agreement	Samuel Commencer of the State o						
23. Signature o	f Authorized Official		, (Name (printed)			
\	1 alrela	2) Serve	arreng/	2	Patricia	Swearinger	
Title	Secretary,	Waset,	Inc.		Date (m 5	7/dd/yxyx) 78/03	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier					
1. TYPE OF SUBMIS	SION:	Dragonding"	3. DATE RECEIVED	BY STATE	State Application Identifier				
Application Construct Non-Cons		Preapplication Construction Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier				
5. APPLICANT INFOR	RMATION	· · · · · · · · · · · · · · · · · · ·	<u></u>						
Legal Name: KAR	E Crisi	s Nursery, Inc.		Organizational Unit: KAR	E Crisis Nursery, Inc.				
Address (give city, o	county, State,	and zip code):		Name and telephone numb application (give area code	er of the person to be contacted on matters involving this				
P.O. Box 2 Grass Vall		95945		Fran Freedle (530) 272-7152	2				
6. EMPLOYER IDENT	TFICATION NUI	MBER (EIN):		7. TYPE OF APPLICANT: (er	nter appropriate letter in box) N				
31-1		330		B. County C. Municipal	H. Independent School Dist State Controlled Institution of Higher Learning J. Private University				
_	New [Continuation Revisio	n	E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):				
If Revision, enter ap A. Increase Awar			ncrease Duration	9. NAME OF FEDERAL AGEN					
D. Decrease Dur		Other (specify):	Crease Duration	USDA, Rural De					
10. CATALOG OF FEE	DERAL DOMES	TIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF A	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
TITLE: Comm	unity F	10-7 acilities Loans a		dwelling to fa	Purchase/renovation of a single family dwelling to facilitate a 6-bed group home to provide emergency respite care for children from ages 0-5 years for up to 30 days.				
12. AREAS AFFECTE	D BY PROJECT	(Cities, Counties, States, etc.):		irom ages 0-5	years for up to 30 days.				
Nevada Cou	unty, C	alifornia							
13. PROPOSED PROJ	JECT	14. CONGRESSIONAL DISTRICTS (DF:						
Start Date E	Ending Date	a. Applicant District 2, Wall	y Herger	b. Project District 2, Wa	b. Project District 2, Wally Herger				
15. ESTIMATED FUND	DING:			AND TO APPLICATION CHOICE TO DESIGN BY CTATE EVECUTIVE OBDED 12272					
a. Federal		\$ 25.	1,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
b. Applicant		\$.00	a. YES. THIS PREAP STATE EXECUTIVE	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
c. State		\$.00	DATE 05/08	/2003				
d. Local		\$.00		M IS NOT COVERED BY E.O. 12372				
e. Other		\$.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income		\$.00	17. IS THE APPLICANT DELI	NQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$ 251,000.00				Yes If "Yes," at	ttach an explanation.				
18. TO THE BEST OF	MY KNOWLED OF THE APPLIC	GE AND BELIEF, ALL DATA IN THIS ANT AND THE APPLICANT WILL CON	APPLICATION/PREAPP	LICATION ARE TRUE AND CORRECT HED ASSURANCES IF THE ASSISTAL	. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE NCE IS AWARDED.				
a. Typed Name of	Authorized R		b. Title		c. Telephone Number				
d. Signature of Authorized Representative				opment SpecyLoan Office	W E e Bale Signed				
Previous Editions Authorized for Loc		ction		MAY 12 2	Standard Form 424# (Rev. 7-97) Prescribed by OMB Circular A-102				
				STATE CLEARIN	G HOUSE				

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBM	ITTED	APPLICANT IDENTIFIER			
TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVE	ED BY STATE	STATE APPLICATION IDENTIFIER			
	Construction Non-Construction	4. DATE RECEIVE	ED BY FEDERAL AGENCY	FEDERAL IDENTIFIER			
5. Applicant Information Legal Name							
Teviston Community S	Services District		Organizational Unit				
Address (give city, county, state, a			Name and telephone number of	of the person to be contacted on matters involving			
P.O. Box T			this application (give area code	e)			
Pixley, CA 93256			Paul Boyer (559) 651-1000				
6. EMPLOYER IDENTIFICATION 77-0273435 8. TYPE OF APPLICATION	NUMBER (EIN):			nter appropriate letter in box) G. Special District H. Independent School District I. State Controlled Institution of Higher Learning			
New If Revision, select appropriate letter(s) in box(es):	☐ Continuation	∏Revision	C. Municipal D. Township E. Insterstate F. Intermunicipal G. Special District	J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):			
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E Other (specify here):			9. NAME OF FEDERAL AGENCY USDA Rural Development				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TITLE	OF APPLICANT PROJECT:			
2. AREAS AFFECTED BY PROJ	ECT (cities, counties, st	ates, etc.):	Emergency re	placement of pump and motor			
	ton, Tulare County,			•			
3. PROPOSED PROJECT Start Date End	ing Date a. App	ONGRESSIONAL DISTRI					
5/15/2003	5/30/2003		b. Pr	oject 21st			
5. ESTIMATED FUNDING: Federal	•	16. IS APPLICATION	SUBJECT TO REVIEW BY STA	ATE EXECUTIVE ORDER 12372 PROCESS?			
Applicant State	10,000.0	→ STATE	REAPPLICATION/APPLIC/ EXECUTIVE ORDER 1237 ろんしん	ATION WAS MADE AVAILABLE TO THE 72 PROCESS FOR REVIEW ON:			
Local S	Б	b. NO. PRO	GRAM IS NOT COVERED BY E.O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
Program Income	B	17. IS THE APPLICAN	IT DELINQUENT ON ANY FED	ERAL DEBT?			
TOTAL	10,000.0		"Yes" attach an explanation	⊠ No.			
. TO THE BEST OF MY KNOWLED JTHORIZED BY THE GOVERNING I Typed Name of Authorized Repre	BUDY OF THE APPLICAN	TA IN THIS APPLICATION T AND THE APPLICANT W	b. Title	AND CORRECT, THE DOCUMENT HAS BEEN DULY HED ASSURANCES IF THE ASSISTANCE IS AWARDED C. Telephone number			
Signature of A. du- d- 15	Alfred King		Preside Fig. 1	(559) 757-3539			
Signature of Authorized Represer	native	D E W	1 2 2003	e. Date Signed 3 - 3 / - 0 3 Standard Form 424 (REV 4			
U	•	STATE CL	EARING HOUSE	Prescribed by OMB Circular A-			

Teviston Community Services District

Description of Project and Nature of Emergency

The main well, Well # 1, for the TCSD was found on March 4, 2003, to have malfunctioned and caused serious damages to the well pump and motor. It was found to be completely inoperable. Since this time the TCSD has been depending upon the second well, Well # 2, to meet its drinking water needs. The well pump was sent to a well pump specialist who diagnosed the cause of the malfunctioning. The bearings in the bowls had frozen up which then twisted the motor on its mounts damaging equipment both above and below ground. This project will seek to repair/replace the well pump and motor at Well # 1 before the summer demands overload the production capacity of Well # 2.

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

	
Type of Submission	Date Submitted 4. HUD Application Number May 9, 2003
X Application Preapplication 3. [Date and Time Received by HUD 5. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name	8. Organizational Unit
County of Fresno	Department of Public Works and Planning
9. Address (give city, county, State, and zip code)	10. Name, title, telephone number, fax number, and e-mail of the person to be
A. Address: 2220 Tulare Street, 6th Floor	contacted on matters involving this application (including area codes)
B. City: Fresno	A. Name: Rebecca Madrigal
C. County: Fresno	B. Title: Community Development Grants Manager
D. State: California E. Zip Code: 93721	C. Phone: (559) 262-4292
E. Zip Code. 93721	D. Fax: (559) 488-3940 E. E-mail: rxmadrigal@fresno.ca.gov
11. Employer Identification Number (EIN) or SSN	
	12. Type of Applicant (enter appropriate letter in box) B L. University or College
Tax ID #94-6000512	A. State I. University or College B. County J. Indian Tribe
13. Type of Application	C. Municipal K. Tribally Designated Housing Entity (TDH
New X Continuation Renewal Revision	, , , , , , , , , , , , , , , , , , , ,
	E. Interstate M. Profit Organization
If Revision, enter appropriate letters in box(es)	F. Intermunicipal N. Non-profit
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District O. Public Housing Authority
D. Decrease Duration E. Other (Specify)	H. Independent School District P. Other (Specify)
	14. Name of Federal Agency
	U.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number Community Development Block Grant (14.218)	16. Descriptive Title of Applicant's Program
HOME Investment Partnerships (14.239)	Fresno County Urban County Community Development Block
Emergency Shelter Grant (24.576)	Grant, HOME Invesment Partnerships, and Emergency Shelter
17. Areas affected by Program (boroughs, cities, counties, States,	Grant Programs.
Indian Reservation, etc.) Fresno County California	
*	
18a. Proposed Program start date 18b. Proposed Program end d	()
July 1, 2003 June 30, 2004	18, 19, 20 Program 18, 19, 20
20. Estimated Funding: Applicant must complete the Funding Ma	-
21. Is Application subject to review by State Executive Order 12372 A. Yes X This preapplication/application was made available	2 Process? ble to the State Executive Order 12372 Process for review on: April 30, 2003
B. No Program is not covered by E.O. 12372	ble to the State Executive Order 12372 Process for review on: April 30, 2003
Program has not been selected by State for review	014
22. Is the Applicant delinquent on any Federal debt?	
Yes If "Yes," explain below or attach an explanation.	RECEIVED
	MAY - 9 2003
	STATE CLEARING HOUSE

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD	Applicant	Other HUD	Other Federal	04-4-	1 1 <i>CT</i> -212	- C-11	1 -	r
Olan Togram	l .		ı		State	Local/Tribal	Other	Program	Total
	Share	Match	Funds	Share	Share	Share		Income	
CDBG	\$5,645,000							\$768,100	\$6,413,100
HOME	\$2,148,336							\$600,000	£2.740.226
								\$000,000	\$2,748,336
ESG	\$193,000					\$193,000			\$386,000
Grand Totals	\$7,986,336					\$193,000		\$1,368,100	\$9,547,436

For FHIPs, show both initiative and component

Certifications

23. Signature of Authorized Official

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed) Richard L. Brogan (CDBG and HOME only)			
X Nietgrand Dry				
x Wordk. De O	David R. Dent (ESG only)			
Title	Date (mm/dd/yyyy)			
Director, Department of Public Works and Planning	x 4-16-03			
Director, Human Services System	x-1-8-03			

APPLICATION FOR			OMB Approval No. 0348-0			
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 7, 2003		Applicant Identifier		
1. TYPE OF SUBMISSION: Application Construction	Preapplication	3. DATE RECEIVED BY		State Application Identifier		
Non-Construction 5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Legal Name: California Departme		ces		State Srchitect		
Address (give city, county, State 1130 K St., Suite 101 Sacramento, CA 958			this application (give a	number of person to be contact Irea code) holomy (916) 445-42		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in H. Independent School Dist.	n box)	
8. TYPE OF APPLICATION:		Revision	B. County C. Municipal D. Township	I. State Controlled Institution J. Private University K. Indian Tribe	of Higher Leaming	
If Revision, enter appropriate let A. Increase Award B. Dec D. Decrease Duration Other	crease Award C. Increase	Duration	E. Interstate F. Intermunicipal G. Special District	***		
D. Decrease Balansii Giner			9. NAME OF FEDERA			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IMRER:		rotection Agency TLE OF APPLICANT'S PROJ	FCT	
*		66-708		Preferable Building Prod	ducts Database	
TITLE: 12. AREAS AFFECTED BY PROCEED BY PROCEDURE.	•	ites, etc.):		RECE!	VID.	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		MAY - 9	2003	
Start Date Ending Date 6/30/03 6/30/05	a. Applicant CA Division of the	e State Architect		STATE CLEARING Preferable Building Pro	oducts Database	
15. ESTIMATED FUNDING:			16, IS APPLICATION ORDER 12372 PF	I SÚBJECT TO REVIEW BY S ROCESS?	TATE EXECUTIVE	
a. Federal	\$	200,000		APPLICATION/APPLICATION		
b. Applicant	\$	482,849	AVAILABLI PROCESS	E ORDER 12372		
c. State	\$.00	DATE 5	110/03		
d. Local e. Other	\$	- 0		AM IS NOT COVERED BY E.		
	\$.	•	FOR REV	gram has not been sele /iew	CIED BY STATE	
f. Program Income	\$.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?	
g. TOTAL	\$	682,849 [∞]		attach an explanation.	☑ No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO THE ASSISTANCE IS AWA	VERNING BODY OF TH	EATION/PREAPPLICATE AND TI	TION ARE TRUE AND CORRI HE APPLICANT WILL COMPI	ECT, THE LY WITH THE	
a. Type Name of Authorized Rep Roy McBrayer		b. Title Deputy to the State	Architect	c. Telephone Number (916) 324-5799		
d. Signature of Authorized Repre	esentative			e. Date Signed		

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OMB Approval No. 0348-00 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE May 8, 2003 3. DATE RECEIVED BY STATE 1 TYPE OF SUBMISSION: State Application Identifier <u>Ap</u>plication Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: California Department of Toxic Substances Control Office of Pollution Prevention and Tech. Dev. Name and telephone number of person to be contacted on matters involve Address (give city, county, State, and zip code): this application (give area code) 1001 "I" Street, P.O. Box 806 Robert Ludwig (916) 324-2659 Sacramento, California 95812-0806 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) Α 9 4 - 6 0 0 1 3 4 7 H. Independent School Dist. A. State 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Continuation Revision New New D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) A, Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 -7 0 8 TITLE: Pollution Prevention Grant (formerly PPIS) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MAY - 9 2003Statewide 13, PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: ISTATE CLEARING HOUSE Start Date Ending Date a. Applicant Statewide 12/31/05 10/1/03 Statewide 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a, Federal \$ 40,000 a, YES. THIS PREAPPLICATION/APPLICATION WAS MADE \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant 40,000 PROCESS FOR REVIEW ON: c. State \$ 05/09/03 DATE \$ d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e, Other S FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation, No No 80.000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. b. Title a. Type Name of Authorized Representative c. Telephone Number (916) 322-0504 Edwin F. Lowry Director d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Prescribed by OMB Circular A-102

APPLICA	TION FOR	•			OMB Approval No. 034
FEDERA	FEDERAL ASSISTANCE		2. DATE SUBMITTED May 8, 2003		Applicant Identifier
1. TYPE OF SI Application Constru Non-Con	ction astruction	Preapplication Construction Non-Construction	3. DATE RECEIVED E	BY STATE	State Application Identifier Federal Identifier
Legal Name: California	Departme	nt of Toxic Substa	nces Control		ition Prevention and Tech. Dev.
1001 "I" S Sacramer	Street, P.O. nto, Califori	Box 806 nia 95812-0806		this application (give a	number of parson to be contacted on matters in rea code) 916) 324-0805
8. TYPE OF AF	PLICATION:	v Continuation	Revision	7. TYPE OF APPLICA A. State B. County C. Municipal D. Township	ANT: (enter appropriate letter in box) H. Independent School Dist. J. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe
A. Increase A	er appropriate let ward B, Dec Duration Other(rease Award C. Increas	e Duration	E. Interstate F. Intermunicipal G. Special District	L. Individual M. Profit Organization N. Other (Specify)
		OMESTIC ASSISTANCE N		9. NAME OF FEDERA U.S. Environment	L AGENCY: tal Protection Agency
TITLE:	Pollution Pre	evention Grant (former DJECT (Cities, Counties, Sta	6 6 — 7 0 8 ly PPIS)	Pollution Preventi Shops Eilizing the	LE OF APPLICANT'S PROJECT: On training for Auto Body and Repair Model Shop concept. 9 2003
13. PROPOSED Start Date	PROJECT Ending Date	14. CONGRESSIONAL DIS	STRICTS OF:	14 STATE CLEA	RING HOUSE
10/1/03 15. ESTIMATED	12/31/05 FUNDING:	Statev	vide	16. IS APPLICATION S	Statewide SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal b. Applicant		\$	100,000		PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
c. State		\$	148,260	PROCESS F	OR REVIEW ON: 05/09/03
d. Local e. Other	·	\$	00		A IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE
f. Program Incom	е	\$	og	·	DELINQUENT ON ANY FEDERAL DEBT?
ATTACHED AS:	S BEEN DULY , SURANCES IF T	AUTHORIZED BY THE GOV HE ASSISTANCE IS AWAR	ERNING BODY OF THE	Yes If "Yes," at ATION/PREAPPLICATION AND THE	DN ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Edwin F. Low	Authorized Repri	esentative	b. Title Director		Telaphone Number (916) 322-0504
d. Signature of AL Previous Edition I	+ lary	entative		е	Date Signed 5/8/13
Authorized for Loc					Standard Form 424 (Rev. 7-97)

APPLICATION FOR				ОМВ	Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED 5/8	/03	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier	
Construction Non-Construction 5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED 8	Y FEDERAL AGENCY	Federal Identifier	
Legal Name: California State Univ	ersity, Hayward		Organizational Unit:		
Address (give city, county, State	, ,			number of person to be contact	cted on matters involvi
25800 Carlos Bee Bo			this application (give a	ires code)	
Hayward, CA 94542		nty	Samuel I. Doo	ctors, Ph.D. (510) 7	49-3977
6. EMPLOYER IDENTIFICATION 9 4 - 6 3 9 0 6. TYPE OF APPLICATION: New If Revision, enter appropriate left			7. TYPE OF APPLICATION OF THE PROPERTY OF T	ANT: (enter appropriate letter in H. Independent School Dist. I. State Controlled Inatitution J. Private University K. Indian Tribe	n box)
A. Increase Award B. Dec D. Decrease Duration Other/	rease Awart STAII Teans	PEARING HOL	F. Informunicipal G. Special Dietrict	M. Profit Organization N. Other (Specify)	
	, , , , , , , , , , , , , , , , , , ,	חטון שיוויט	NAME OF FEDERA	AL AGENCY:	
			U.S. Environmen	ital Protection Agency	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJ	ECT:
TITLE:	Ĺ	6 6 - 7 0 8	Grant Proposal for Coordination	or Regional Green Busin	ness Program
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Stat	les, etc.):			
EPA Region 9					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	<u> </u>	Control of the Contro	
Start Date Ending Date 10/1/03 9/30/04	a. Applicant 9th and	13th	b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
a. Federal	\$	000 000	ORDER 128/2 PR	OCESSY	
b. Applicant	\$	200,000	AVAILABLE	B. YES. THIS PREAPPLICATION/APPLICATION WAS MA AVAILABLE TO THE STATE EXECUTIVE ORDER	
c. State	\$	90		FOR REVIEW ON: 05/09/03	
d. Local	\$	152,158	DATE	M IS NOT COVERED BY E. C	\ 12 37 2
e. Other	\$	50,000		FRAM HAS NOT BEEN SELEC	
f. Program Income	\$	0 0			
g. TOTAL	\$	402,158		IT DELINQUENT ON ANY FE httach en explanation.	DERAL DEBT?
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	LEDGE AND BELIEF, ALL AUTHORIZED BY THE GOV	DATA IN THIS APPLIC.	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE AND CORRE E APPLICANT WILL COMPL	CT, THE
a. Type Name of Authorized Repr Frank Martino	esentative	b. Title Provost and Vice Presid		c. Telephone Number (510) 885-3711	
d. Signature of Authorized Repres		1 1-27 COLUMN AND E [#5]U		e. Date Signed 5/9/03	
Previous Edition Usable				Standard Form 424	(Rev. 7-97)

APPLICATION FOR	NCE	2. DATE SUBMITTED		OMB Approval No. 0348-004 Applicant Identifier
FEDERAL ASSISTA	NCE	May 9,	2003	V-009404-09-0
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal identifier
APPLICANT INFORMATION			In the state of	
egal Name: Department of Toxic	Substances Cont	trol	Organizational Unit: Site Mitigation	
Address (give city, county, State	, and zip code):		Name and telephone i this application (give a	number of person to be contacted on matters involving
1001 Street, Floor 1	1-4, PO Box 806		Carol O'Bryar	nt (916) 323-3372
Sacramento, CA 958				
8. EMPLOYER IDENTIFICATION: 8 8 - 0 2 8 1 B. TYPE OF APPLICATION:	3 8 1	E G E I V	B. County C. Municipa	ANT: (enter appropriate letter in box) H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University
New Mevision, enter appropriate let	ter(s) in box(es)	J MAI J L	E. Interstate E. Interstate E. Internunicipal	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
71, 11 O O O O O O O O O O O O O O O O O	crease Award C. Indres (specify):	STATE CLEARIN		
	•		9. NAME OF FEDER	AL AGENCY:
			United States Er	nvironmental Protection Age
TITLE: CERCLA 12. AREAS AFFECTED BY PR State of California		6 6 — 8 0 2	Superfund Multi-	TLE OF APPLICANT'S PROJECT: Site Management Assistance to Provide deral National Priolty List sites.
13, PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:		
			b. Project	
Start Date Ending Date 7/1/03 6/30/05	a, Applicant Districts 3	& 4 California		Statewide
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 P	N SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?
a. Federal	\$	630,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE	
b. Applicant	\$.00		LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:
c. State	\$, GC	DATE	05/01/03
d. Local	\$		b. No. PROGE	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$		OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE VIEW
f, Program Income	\$.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	630,000		" attach an explanation.
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	GOVERNING BODY OF	CATION/PREAPPLICA HE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized R		b. Title		c. Teleprione Number
Dorothy Rice	-practical	Deputy Director		(916) 323-3576

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Anhorized Representative

Dorothy Rice

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION FOR F	EDERA	L ASSISTA	NCE 1. TYPE OF SUBMISSION:		
				Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE REC	CEIVED BY STATE:		STATE APPLICATION IDENTIFIER:	
05/08/03					
2b. APPLICATION ID:	4. DATE REC	CEIVED:		GRANT NUMBER:	
03SF034895	05/08/03			02SFPCA035	
5. APPLICATION INFORMATION					
LEGAL NAME: The CSU, Chico Research Found ADDRESS (give street address, city. state are Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870 6. EMPLOYER IDENTIFICATION NUMBER (8 680386518 8. TYPE OF APPLICATION: X NEW CONTIN REVISION If Revision, enter appropriate letter(s) in box(e)	nd zip code): EIN):		PERSON TO E area codes): NAME: Carol A TELEPHONE N FAX NUMBER	NUMBER: (530) 898-4307 5 (530) 898-4870 MAIL ADDRESS: cchilders@csuchico.edu PPLICANT:	
A. Increase Award C. Increase Duration D. Decrease Duration			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparents			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CSU CHICO FGP		
12. AREAS AFFECTED BY PROJECT (List Ci Butte County	ties, Counties, St	ales, etc):			
13. PROPOSED PROJECT: START DATE: 07.	/01/03 ENI	D DATE: 06/30/04	14. PERFORM	NCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING;			16. IS APPLICA	TION SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. FEDERAL	\$ 40,500.0	10	ORDER 12372		
b. APPLICANT	\$ 11,466.0		X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 0.0	0		EW ON: : 08-MAY-03	
d. LOCAL	\$ 5,335.0	0			
e. OTHER	\$ 6,131.0	0			
f. PROGRAM INCOME	0.0	0		LICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 51,966.00		L Y	ES if "Yes," attach an explanation.		
8. TO THE BEST OF MY KNOWLEDGE AND JULY AUTHORIZED BY THE GOVERNING B S AWARDED.	BELIEF, ALL DA ODY OF THE AF	TA IN THIS APPLICATED THE A	TION/PREAPPLICA APPLICANT WILL C	NTON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
. TYPED NAME OF AUTHORIZED REPRESE	NTATIVE:	b. TITLE:		c. TELEPHONE NUMBER:	
JeffWright			Sponsored Programs		
· · · · · · · · · · · · · · · · · · ·				d. DATE:	

APPLICA	HON FOR						
FEDERAL	FEDERAL ASSISTANCE		2. DATE SUBMITTED March 26, 2003		Applicant Identifier		
1. TYPE OF SU	IBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier		
Application Construc		Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
Non-Con							
Legal Name:	INFORMATION			Organizational Unit:			
Californ	ia Poultry	Industry Federa	ation Inc.	•			
3117 A M	ity, county, State, McHenry Av , CA 9535	e.		Name and telephone this application (give a	number of person to be cont area code)	acted on matters involvir	
1	aus County						
		N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate lette	in box)	
95 —	1889	5 2 4		A. State	H. Independent School Dis		
8. TYPE OF AP	PLICATION:			B. County	I. State Controlled InstitutioJ. Private University	n of Higher Learning	
	☐ New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe		
If Revision, ente	r appropriate lette	er(s) in box(es)		E. Interstate	L. Individual		
				F. Intermunicipal	M. Profit Organization		
A. Increase Av		rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Non 1		
D. Decrease D	Ouration Other(s	specify):		9. NAME OF FEDERA	assoc:	Lation	
				USDA	AL AGENOT.		
				USDA			
10. CATALOG	OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PRO	JECT:	
I GAIALOG		[•		
		L		California	Poultry Biosecus	ity and	
TITLE:		trot (Citi Counting Sta	too oto li	_ Disease Pre	vention Education	n Program	
Stanisla	ius, San J Sonoma	DJECT (Cities, Counties, Sta oaquin, Merced, Counties	Fresno, Madera		MA	Y - 8 2002	
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		CTATO	2000	
Start Date	Ending Date	a. Applicant		b. Project	10+1 10+1 20+	LEARING HOUSE	
5/2003	1/2004	18th			18th, 19th, 20t		
15. ESTIMATED	FUNDING:				SUBJECT TO REVIEW BY	STATE EXECUTIVE	
a. Federal		\$	00	ORDER 12372 PR	(UCESS f		
a. rederar		75,000	•		APPLICATION/APPLICATIO		
b. Applicant		\$ 28,000	00	1	ETO THE STATE EXECUT! FOR REVIEW ON:	VE ORDER 12372	
c. State /Exte	ension	\$ 10,000	.00	DATE			
d. Local		\$.00		AM IS NOT COVERED BY E		
e Other Inc	lustry	\$ 5.510.000		FOR REV		ECIED BY STATE	
Verering	114113	\$	00	-	1244		
f. Program Incon	rie	Ą	•	17. IS THE APPLICAN	NT DELINQUENT ON ANY	FEDERAL DEBT?	
g. TOTAL		\$	0.00		attach an explanation.	☐ No	
DOCUMENT HA	AS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	CATION/PREAPPLICAT IE APPLICANT AND TH	ION ARE TRUE AND COR IE APPLICANT WILL COM	RECT, THE PLY WITH THE	
		THE ASSISTANCE IS AWA			c. Telephone Number		
1	f Authorized Rep	resentative	b.Title President		(209) 576-6355		
Bill Ma	attos Authorized Repres	sentative			e. Date Signed	A CONTRACTOR OF THE PARTY OF TH	
1	u Ma	tto			Chandard Corra	·	

OMB Approved No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE								
				2. DATE SUBMITTED 5/9/2003			Applicant Identifier	
TYPE OF SUBMISSION: Application			3. DATE R	3. DATE RECEIVED BY STATE		State Application Identifier		
Construction	on.	: Preapplication						
Non-construction Non-Construction 4. DATE RE			ECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT	INFORMATION							
	State of Calif				Organizational Unit:	California	Energy Commission	
Address (give city, county, state, and zip code): 1516 9 th Street, MS-1 Sacramento, CA 95814					Name and telephone	a number of the	person to be contacted on	
					matters involving this application (give area code)			
Sacrament	O, CA 95614				Administrative-Lisa Johnson, Technical-Jerry Wiens (916) 654 – 4276, (916) 654-4649			
6 EMPLOYER	IDENTIFICATION	NUMBER (EIN):	***************************************					
6 8	-03649	962			7. TYPE OF APPLIC		propriate letter in box) A endent School Dist.	
8. TYPE OF AP	PLICATION:				B. County C Municipal D. Township	I State (J. Private K. Indian	Controlled Institution of Higher Learning e University Tribe	
	New [Continuation	Revision		E. Interstate F. Intermunicipal G. Special District		dual Organization (Specify)	
	appropriate letter							
A. Increase Awa D. Decrease Du			Increase Duration					
D Decrease Du	ration Other (s	іресну)			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency			
10. CATALOG	OF FEDERAL DO	DMESTIC ASSISTAN			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:			
BOAO M		66-708			Interstate Clean Transportation Cooridor			
TITLE:2003 P	ollution Prev	vention Incent	ives					
Statewide	ECIED BY PHON	EC) (citles, countrie	es, states, etc.)					
13.PROPOSED P			IONAL DISTRICTS	OF:	L			
Start Date 10-01-2003	Ending Date 09-30-2004	a. Applicant			b. Project			
15. ESTIMATED	FUNDING:	05			Congressional	District		
					16. IS APPLICATION	V SHE IECT TO	DEWEIN BY STATE SYES ITHE	
a Federal		\$	200000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
		<u> </u>	20	0000.00	<u>)</u>			
b Applicant		\$	32	00.000	2. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO STATE EXECUTIVE ORDER 12372 PROCESS FOR REV		ION WAS MADE AVAILABLE TO THE ER 12372 PROCESS FOR REVIEW	
State		\$		00	DATE <u>5/9</u>	<u>/03</u>		
		<u> </u>		.00				
d Local		\$		00	b. NO. PROGRAMIS		S NOT COVERED BY E O. 12372	
_				.00				
e Olher		\$		00		OR PROGRAM	HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
Program Income			.00.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
TOTAL						ach an explanation No		
\$ 52000.00 8. YO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PR BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL GOMPLY			EADDLIO (TIO)					
BY THE GOV	ERNING BODY OF Authorized Repres	THE APPLICANT AN		WILL COMPLY	WITH THE ATTACHED A	JE AND CORRE ASSURANCES IF	CT. THE DOCUMENT HAS BEEN DULY AUTHORIZED THE ASSISTANCE IS AWARDED.	
•		0	Tille				c. Telephone Number	
ROBERT L. T	HERKELSE	NE	XECUTIVE D	RECTOR			(916) 654 - 4996	
Signature of Aut	horized Represent	lative			and the second s		e. Date Signed	
	W.W.			~ [] /			5/9/2003	
revious Editions				7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	- L. J.		Standard Form 424 (REV 4-88)	
uthorized for Local Reproduction				/ n -	Throughton .		Prescribed by OMB Circular A-102	

MAY - 8 2003

STATE CLEARING HOUSE

APPLICATION FO	OR .			GMB Approval No. 0348-0045		
FEDERAL ASSIST	TANCE		2. DATE SUBMITTED	Applicant Identifier		
1. TYPE OF SUBMISSION:			May 6, 2003			
Application	Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier		
X Construction	Construction					
76 05/15/110/11			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
П	Non Construction			F-113-B		
Non-Construction	Non-Construction					
S. APPLICANT INFORMATIO	TATE OF CALIF	ORNIA	Organizational Unit;			
		OIMA	Department of Fish and	l Game		
Address (give city, county, state	ame - Fisheries Pro	grams Branch	Name and telephone number of the person to be contaced on marters involving this			
1812 Ninth Street		Arama araman	application (givo area code);			
			Carolyn Murata (91	(6) 445-3559		
Sacramento, CA			7. TYPE OF APPLICANT: (anter appropriate lett			
6. EMPLOYER IDENTIFICAT	14-1697567		A. State	H, Independent School Dist.		
	74-103/30/		B. County	I. State Controlled Instruction		
B. TYPE OF APPLICATION:		Revision	Same and the same	of Higher Learning		
X New	Continuation	Revision	D. Township MAY - 7 2003	J. Private University		
If Revision, enter appropriate I	eder(3) in 00x(95);		E. Interstate	L. individual		
L.	El. Decrease Award	L	F. Intermunicipal ATE CLEARING HC	·		
A, Increase Award C. Increase Duration	D. Dacrease Duration		G. Special District	N. Other (Specify)		
	p. oddressa adradon	·	a apasar pistia			
E. Other (specify): 10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NI IMBER:	9. NAME OF FEDERAL AGENCY:			
15-605	DOMESTIC AGGIGTANGE	HOME	U.S. Department of the Interior			
	Sport Fish Resto	oration Act	U.S. Fish and Wildlife Service			
12. / AREAS AFFECTED BY			11. DESCRIPTIVE TITLE OF APPLICANTS PR			
12. MACAS AFFECTED BY	PROBLET (CINES, COSTINES,	academic ministr	Motorboat Access Enhance			
	Lassen Count	he :	Eagle Lake Fishing Access In	L.		
•	Lassen Coun	ry	Project Narrative attached.	prorometric		
		1	r roject Narrative attached.			
13. PROPOSED PROJECT:		A ACKARGANIA GISTRIST	E 05:			
Stert Date 05/ /03	Ending Date 12/31/2004	14. CONGRESSIONAL DISTRICT	b. Project			
	12/3 1/2004	a, Applicant 3		2		
15, ESTIMATED FUNDING:	\$2,368,500		SUBJECT TO REVIEW BY STATE EXECUTIVE			
a, Féderal	Ψ 2 ,300,300	[EAPPLICATION/APPLICATION WAS MADE AVAI			
b b - 11			EXECUTIVE ORDER 12372 PROCESS FOR RE			
b. Applicant		31712	EXECUTIVE START TELEFORM			
	\$789,500	Date.	5-07-03			
c. State	Ψ100,000	1	ROGRAM IS NOT COVERED BY 5.0. 12372			
4 1000		4	R PROGRAM HAS NOT SEEN SELECTED BY STATE FOR REVIEW			
d. Local			· · · · · · · · · · · · · · · · · · ·			
a Other		17 IS THE APPLICA	TION DELINQUENT ON ANY FEDERAL DEST?			
d. Other	· · · · · · · · · · · · · · · · · · ·	4	"Yea", attach an explanation	<u>X</u> No		
g. TOTAL	\$3,158,000		And the second s			
		ALL DATA IN THIS APPLICATIONA	PREAPPLICATION ARE TRUE AND CORRECT.	THE DOCUMENT HAS BEEN DULY		
			ILL COMPLY WITH THE ATTACHED ASSURANCE			
e. Typed Name of Authorized		PEIGANI AND THE APPECANT FO	b. Titlo:	r. Telephone Number		
1 21	Michael F. Harris		Deputy Director, Admin.	(916) 653-4633		
d, Signature of Authorized Re	7		L	e. Date Signed		
LI, SIGNALUIG OF AUTOPTZBG PO	Z ALL	\angle (),		0160n		
	S-AMILY			0/9-1		
Approved for the Secretary of	Approved for the Secretary of the Interior Title: Dete					
Stonahura						
Signature			1	5;andard Form 424 (REV 4-88)		

OMB Approval No. 0348-0043 2. Date Submitted (mm/dd/vvvv) licant Identifier APPLICATION FOR 05/14/03 B03-UC-06-0009 FEDERAL ASSISTANCE State Applicant Identifier 3. Date Received by State (mm/dd/yyyy) 1. Type of Submissiom Preapplication Application Federal Identifier Construction 4. Date Received by Federal Agency Construction (mm/dd/yyyy) Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Community Development Department-San Joaquin County Name and telephone number of the person to be contacted on matters involving this Address (give city, county, state, and zip code): application (give area code) 1810 E. Hazelton Avenue Karen Stevens Stockton, CA 95205-6232 (209) 468-3139 7. TYPE OF APPLICANT: В 6. EMPLOYER IDENTIFICATION NUMBER (EIN): (enter appropriate letter in box) State Controlled Institution of Higher Learning 0 0 1 6 0 5 3 A. State Private University B County J. C. Indian Tribe Municipal 8. TYPE OF APPLICATION: Individual n Township Profit Organization M. F Interstate ⊠ New ☐ Continuation ☐ Revision N. Nonprofit Intermunicipal Public Housing Agency Special District If Revision, enter appropriate letter(s) in box(es): Other C. Increase Duration H. Independent School Dist. A. Increase Award B. Decrease Award (Specify) 9. NAME OF FEDERAL AGENCY: Other (specify): D. Decrease Duration U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 4 2 8 ASSISTANCE NUMBER: (xx-yyy) TITLE: Community Development Block Grant (CDBG) 2003-04 Entitlement Statement for San Joaquin County and 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) participating cities. Activities include public works and facilities, County of San Joaquin and the cities of Escalon, Lathrop, Lodi, housing rehabilitation, public services, administration and Manteca, Ripon, and Tracy, California planning. 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: b. Project Start Date Ending Date a. Applicant (mm/dd/yyyy) (mm/dd/yyyy) 14 & 18 14 & 18 06/30/04 07/01/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) April 25, 2003 Complete form HUD-424-M, Funding Matrix PROGRAM IS NOT COVERED BY E.O. 12372 b. NO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ⊠ No If "Yes," attach an explanation. Yes 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number a. Typed Name of Authorized Representative b. Title (Include Area Code) Director, Community Development Ben Hulse (209) 468-3133 Dept. e. Date Signed (mm/dd/yyyy) d. Signature of Authorized Representative 05/14/03

STATE CLEARING HOUSE

MA1 6 2003

APPLICATION FOR

6 2003 OMB Approval No. 0348-0043

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED May 2	APARICAN DIESE				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier			
Application	Preapplication			Clare Applications (definite)			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Unit:				
CUSD-Central Valley		al Technology	Educational L	Jnit			
Address (give city, county, State,	and zip code):		Name and telephone number of person to be contacted on matters involving				
8180 E. Donner			this application (give a	rea code) - (FEO) 207 0265			
Clovis, Fresno, CA 93	3611	Linda Haüser (559) 327-9365					
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter in box)					
9 4 - 2 8 4 0	7 7 4		H				
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist. 1. State Controlled Institution of Higher Learning			
	По	□ atete	C. Municipal	J. Private University			
∠ New	Continuation	Revision	D. Township	K. Indian Tribe			
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. individual			
	h-managaran I	·	F. Intermunicipal	M. Profit Organization			
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:			
			USDA Rural Utilities Services				
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
,		1 0 - 8 5 5	Central Valley Learning Distribution Project				
TITLE: Distance Lea	rning Telemedicine Lo	an & Grant Progran					
12. AREAS AFFECTED BY PRO							
Central California							
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:					
N. TROT GOLD , ROULD!	14. GONGREEN						
Start Date Ending Date	a. Applicant	~~	b. Project				
8/1/03 6/1/05	19 &	20	40 10 4001 1047101	19 & 20			
15. ESTIMATED FUNDING:			ORDER 12372 PF	SUBJECT TO REVIEW BY STATE EXECUTIVE	,		
a. Federal	\$	a. YES. THIS PRE		EAPPLICATION/APPLICATION WAS MADE			
	438,011						
b. Applicant	187,719	.00	AVAILABLE TO THE STATE EXECUTIVE PROCESS FOR REVIEW ON:		/IVE ORDER 12372		
c. State	\$	00	PROCESS	FOR REVIEW ON:			
o. Clare	"	0	DATE	November opposes and the state of the state			
d. Local	\$	00		NAME AND TO DESCRIPTION OF A LONG OF			
e. Other	S	30	-	AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE			
e. Other	,	0	FOR REV				
f. Program Income	\$.00					
0			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$ 625,730 0.000			Yes If "Yes," attach an explanation.				
	VLEDGE AND BELIEF, ALL			TION ARE TRUE AND CORRECT, THE			
			E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF				c. Telephone Number	SALES STATES		
a. Type Name of Authorized Rep Terry Bradley	resentative	b. Title Superintendent		(559) 327-7120			
d. Signature of Authorized Repre	sentative Carl			e. Date Signed			
Previous Edition Usable				Standard Form 424 (Rev. 7-97)			
Authorized for Local Reproduction Prescribed by OMB Circular A-102							

APPLICATION FOR				Owis Approval No. 0346-004	
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 1, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction L	Non-Construction				
Legal Name:			Organizational Unit:		
Eastern Plumas Health			Health Care	number of person to be contacted on matters involvin	
Address (give city, county, State, and			this application (give a	rea code)	
500 First Avenue Porto	ola California 961	22	Charles Guer	other (530) 832-4277 x 263 530) 832-4277 x 259	
6. EMPLOYER IDENTIFICATION I	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
94-1741	6 5 4		A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
8. TYPE OF APPLICATION:			B. County C. Municipal	J. Private University	
€ New	☐ Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate letter	(s) in box(es)		E. Interstate	L. Individual	
	L		F. Intermunicipal	M. Profit Organization	
A. morodos rivara	ase Award C. Increase	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(sp	есіту):		9. NAME OF FEDERA	AL AGENCY:	
			USDA Rural Dev	•	
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANCE N			TLE OF APPLICANT'S PROJECT:	
	Į	1 0 - 7 6 6	Repairs to existing	ng facility to increase longevity of the	
TITLE: Rural Housing	Service Community	Programs Division	building and grou	unds and improve patient care	
12. AREAS AFFECTED BY PROJ	ECT (Cities, Counties, Sta	ntes, etc.):			
Eastern Plumas County					
13. PROPOSED PROJECT 1	4. CONGRESSIONAL DI	STRICTS OF:	<u> </u>		
Start Date	ı. Applicant 2n	d	b. Project	2nd	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
TO. EUTHANIES TORONO			ORDER 12372 PF	ROCESS?	
a. Federal	\$	450,000		APPLICATION/APPLICATION WAS MADE	
b. Applicant 5	\$. 00	1	E TO THE STATE EXECUTIVE ORDER 12372	
	Φ	00	PROCESS	FOR REVIEW ON:	
	\$ \$. 00	DATE		
d. Local	D	•		AM IS NOT COVERED BY E. O. 12372	
e. Other	\$.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE VIEW	
f. Program Income	\$.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. 1011L	\$	450,000		attach an explanation. No	
18. TO THE BEST OF MY KNOWL DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	UTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICA E APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repre Jeri Nelson		b. Title Chief Financial Of	ficer	c. Telephone Number (530) 832-4277	
d. Signature of Authorized Represe	entative	IN EGE		e. Date Signed / 200 3	
Previous Edition Usable		┰┪╝┌ ═╶ ┷ ╌		Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction		May 5,	2003	Prescribed by OMB Circular A-102	
		RING HOUSE			

APPLICATION F		2. DATE SUB	MITTED	,	Applicant Identifier		
FEDERAL ASSIS	STANCE	Marc	h 12, 2003				
1. TYPE OF SUBMISSION:		3. DATE REC	EIVED BY STAT	E	State Application Identifier		
Application	Preapplication						
☑ Construction	☐ Construction	4. DATE REC	EIVED BY FEDE	ERAL AGENCY	Federal Identifier		
☐ Non-Construction	☐ Non-Construction						
5. APPLICANT INFORMAT	ION						
Legal Name:				Organizational	Unit:		
City of Chico				Public	Works Department		
Address (give city, county, s	tate and zip code):			Name and telep	phone number of the person to t	pe contacted on matters involving	
P.O. Box 3420				this application	(give area code)		
Chico, Butte County				Robert Grierson			
California 9592	27-3420				(530) 879-3910		
6. EMPLOYER IDENTIFICA	ТІОЙ ЙИМВЕВ (ЕІМ):			7. TYPE OF A	PPLICANT: (enter appropriate le	etter in box)	
94	6 dao 3	8 0		A. State	H. Independe	nt School Dist.	
8. TYPE OF APPLICATION				B. County	I. State Cont	rolled Institution of Higher Learning	
	Ø □lew	Continuation	☐ Revision	C. Municipa	al J. Private Univ	versity	
				D. Townsh		e	
If Revision, enter appropriate	e letter(s) in box(es):			E. Interstat			
A. Increase Award	B. Decrease Award	C. Increase D	uration	F. Intermur	nicipal M. Profit Organ	nization	
D. Decrease Duration	Other (specify):			G. Special	,		
					EDERAL AGENCY:		
					Federal Aviation Adm	inistration	
10. CATALOG OF FEDERA	L DOMESTIC 2	0	1 0 6	11. DESCRIPT	TIVE TITLE OF APPLICANT'S F		
ASSISTANCE NUMBER				÷			
				See	Page 2 of Standard Fo	orm 424	
TITLE: Airport Ir	nprovement Progra	m				REAL	
12 AREAS AFFECTED BY						/ SUPPLY AND A SUP	
City of Chico. Bu	utte Countv and Adi	acent Cour	nties			/ %	
	utte County and Adj :			ICTS OF:		MAT = 0 300	
13. PROPOSED PROJECT	:	14. CONGRE	TILES SSIONAL DISTE	IICTS OF:	b. Project	RECEIVE MAY - 5 2003	
13. PROPOSED PROJECT Start Date	: Ending Date		SSIONAL DISTF	NCTS OF:	b. Project	2nd STATE CLEAR	
13. PROPOSED PROJECT Start Date 2003	Ending Date	14. CONGRE	SSIONAL DISTE			2nd STATE CLEAR	
13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING	Ending Date	14. CONGRE	2nd 16. IS APPLIC	ATION SUBJEC	ET TO REVIEW BY STATE EXE	2nd STATE CLEARING LOUS	
13. PROPOSED PROJECT Start Date 2003	Ending Date 2003	14. CONGRE a. Applicant	2nd 16. IS APPLIC	ATION SUBJEC	CT TO REVIEW BY STATE EXE	2nd STATE CLEARING HOUS PROCESSOUS MADE AVAILABLE TO THE	
13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal	Ending Date 2003 : \$ 1,000,000	14. CONGRE	2nd 16. IS APPLIC	ATION SUBJEC	ET TO REVIEW BY STATE EXE	2nd STATE CLEARING HOUS PROCESSOUS MADE AVAILABLE TO THE	
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13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local	Ending Date 2003 1,000,000 100,000 0 0 0	a. Applicant .00 .00	2nd 16. IS APPLIC a. YES	ATION SUBJECT THIS PREPPLI STATE EXECUT DATE PRO	CT TO REVIEW BY STATE EXECUTION/APPLICATION WAS NOT LESS OF THE PROCES OF THE PROCESS O	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372	
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13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other	Ending Date 2003 \$ 1,000,000 \$ 100,000 \$ 0 \$ 0	a. Applicant .00 .00 .00	2nd 16. IS APPLIC a. YES b. NO	ATION SUBJECT THIS PREPPLI STATE EXECU DATE PRO	CT TO REVIEW BY STATE EXECATION/APPLICATION WAS A STIVE ORDER 12372 PROCES 03/14/03 OGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SE	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372 LECTED BY STATE FOR REVIEW DEBT?	
13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other	Ending Date 2003 \$ 1,000,000 \$ 100,000 \$ 0 \$ 0	.00 .00 .00 .00	2nd 16. IS APPLIC a. YES b. NO	ATION SUBJECT THIS PREPPLI STATE EXECU DATE PRO OR P	CT TO REVIEW BY STATE EXECATION/APPLICATION WAS A STIVE ORDER 12372 PROCES 03/14/03 OGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SE	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372 LECTED BY STATE FOR REVIEW	
13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income	Ending Date 2003 1,000,000 100,000 0 0 0 0 0	.00 .00 .00 .00	2nd 16. IS APPLIC a. YES b. NO	ATION SUBJECT THIS PREPPLI STATE EXECU DATE PRO OR P	CT TO REVIEW BY STATE EXECATION/APPLICATION WAS MUTIVE ORDER 12372 PROCES 03/14/03 PGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SE	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372 LECTED BY STATE FOR REVIEW DEBT?	
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13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW AUTHORIZED BY THE GOV a. Typed Name of Authorize	Ending Date 2003 \$ 1,000,000 \$ 100,000 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 1,100,000 WLEDGE AND BELIEF, ALL DATERNING BODY OF THE APPLIED REPRESENTATIVE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2nd 16. IS APPLIC a. YES b. NO 17. IS THE AP	ATION SUBJECT THIS PREPPLI STATE EXECULDATE PRO OR PUICANT DELI Yes If "Yes ICATION ARE TRICOMPLY WITH THE	CT TO REVIEW BY STATE EXECATION/APPLICATION WAS MITIVE ORDER 12372 PROCES 03/14/03 OGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SE NOUENT ON ANY FEDERAL DESTRUCTION S," attach an explanation UE AND CORRECT. THE DOCUME E ATTACHED ASSURANCES IF THE	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372 LECTED BY STATE FOR REVIEW DEBT? No ENT HAS BEEN DULY E ASSISTANCE IS AWARDED. C. Telephone Number	
13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW AUTHORIZED BY THE GOV	Ending Date 2003 \$ 1,000,000 \$ 100,000 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 1,100,000 WLEDGE AND BELIEF, ALL DATERNING BODY OF THE APPLIED REPRESENTATIVE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2nd 16. IS APPLIC a. YES b. NO 17. IS THE AP	ATION SUBJECT THIS PREPPLI STATE EXECUTED DATE	CT TO REVIEW BY STATE EXECATION/APPLICATION WAS MITIVE ORDER 12372 PROCES 03/14/03 OGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SE NOUENT ON ANY FEDERAL DESTRUCTION S," attach an explanation UE AND CORRECT. THE DOCUME E ATTACHED ASSURANCES IF THE	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372 LECTED BY STATE FOR REVIEW DEBT? No ENT HAS BEEN DULY E ASSISTANCE IS AWARDED.	
13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW AUTHORIZED BY THE GOV a. Typed Name of Authorize	Ending Date 2003 1,000,000 1,000,000 100,000 0 1,100,000 1,100,000 1,100,000 VLEDGE AND BELIEF, ALL DATERNING BODY OF THE APPLIED OF	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2nd 16. IS APPLIC a. YES b. NO 17. IS THE AP	ATION SUBJECT THIS PREPPLI STATE EXECULDATE PRO OR PUICANT DELI Yes If "Yes ICATION ARE TRICOMPLY WITH THE	CT TO REVIEW BY STATE EXECATION/APPLICATION WAS MITIVE ORDER 12372 PROCES 03/14/03 OGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SE NOUENT ON ANY FEDERAL DESTRUCTION S," attach an explanation UE AND CORRECT. THE DOCUME E ATTACHED ASSURANCES IF THE	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372 LECTED BY STATE FOR REVIEW DEBT? No ENT HAS BEEN DULY E ASSISTANCE IS AWARDED. C. Telephone Number	
13. PROPOSED PROJECT Start Date 2003 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW AUTHORIZED BY THE GOV a. Typed Name of Authorize Thomas J. Land	Ending Date 2003 \$ 1,000,000 \$ 100,000 \$ 0 \$ 0 \$ 0 \$ 0 \$ 1,100,000 MLEDGE AND BELIEF, ALL DATERNING BODY OF THE APPLIED OF THE APPLIE	a. Applicant .00 .00 .00 .00 .00 .00 .00 .00 .00 .	2nd 16. IS APPLIC a. YES b. NO 17. IS THE AP	ATION SUBJECT THIS PREPPLI STATE EXECULDATE PRO OR PUICANT DELI Yes If "Yes ICATION ARE TRICOMPLY WITH THE	CT TO REVIEW BY STATE EXECATION/APPLICATION WAS MITIVE ORDER 12372 PROCES 03/14/03 OGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SE NOUENT ON ANY FEDERAL DESTRUCTION S," attach an explanation UE AND CORRECT. THE DOCUME E ATTACHED ASSURANCES IF THE	2nd STATE CLEARING LOUS CUTIVE ORDER 12372 PROCESSOUS MADE AVAILABLE TO THE S FOR REVIEW ON: E.O. 12372 LECTED BY STATE FOR REVIEW DEBT? No ENT HAS BEEN DULY E ASSISTANCE IS AWARDED. C. Telephone Number (530) 895-4870	

Authorized pursuant to Supplemental Appropriation No. 02-03 35 and RDA No. 02-03 10 approved on 4/15/03

OMB Approval No. 0348-0043

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED April 23,	2003	Applicant Identifier
1. TYPE OF SUBMISSION: Application Preapplication		3. DATE RECEIVED BY	STATE	State Application Identifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: The Regents of the	o University of	California	Organizational Unit:D	epartment of Psychiatry ces Research Center
Address (give city, county, State, 10920 Wilshire Bl. Los Angeles, CA 9	and zip code): vd., Suite 1200	•	Name and telephone this application (give a	number of person to be contacted on matters involving prea code) Eva Weck 1 eweck@resadmin.ucla.edu
6. EMPLOYER IDENTIFICATION 9 5 - 6 0 0 6	N NUMBER (EIN):	-	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box) A H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
If Revision, enter appropriate letter A. Increase Award B. Deci	Revision Duration	C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
D. Decrease Duration Citiens	,pecily).			ALAGENCY: lecommunications and Administration
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU [gy Opportunities	1 1 _ 5 5 2	11. DESCRIPTIVE TI Building B Health	TLE OE APPLICANT'S PROJECT: Stridge FO Mental MAY - 2 2/1/3
12. AREAS AFFECTED BY PRO			1	I MAY
Los Angeles, Los Angles County, California, and Nationwide				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		STATE CLEARING HOUSE
Start Date Ending Date 10/1/03 9/30/06	a. Applicant California-30		b. Project California	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PI	SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?
a. Federal	\$ 508,		a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$ 510.	.ºº 805		E TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:

.00 c. State \$ DATE __04-23-03 .00 \$ d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 00 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation. ☐ No 1,018,825

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE HE

OCUMENT HAS BEEN DULY AUTHORIZED BY	THE GOVERNING BODY OF	THE APPLICANT AND THE APPLICANT WILL COMPLY WITH T
ATTACHED ASSURANCES IF THE ASSISTANCE	IS AWARDED.	
Tune Name of Authorized Penresentative	h Title	c Telephone Number

310-794-0201 Grant Analyst Eva Weck e. Date Signed d. Signature of Authorized Representative

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR					OMB Approval No. 0348-004	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Idea	licant Identifier	
LDENAL ACCIONA	1402	04/25/03				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applica	ition Identifier	
Application	Preapplication			ļ <u> </u>	LIP.	
Construction	Construction X Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	litier	
Non-Construction 5. APPLICANT INFORMATION	[25] Non-Construction			<u> </u>		
Legal Name: NORTH FORK CO	MMUNITY DEVE	L. COUNCIL,	Organizational Unit:			
Address (give city, county, State,	and zip code):		· ·		son to be contacted on matters involving	
P.O. Box 1484			this application (give a	•	50)077 0044	
North Fork, C			7. TYPE OF APPLICATION		59)877-2244	
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter app	propriate letter in box)	
7 7 - 0 3 1 7	12 4 0		A. State	H. Independe	ent School Dist.	
8. TYPE OF APPLICATION:			B. County		olled Institution of Higher Learning	
New	Continuation	Revision	C. Municipal D. Township	J. Private Uni K. Indian Trib	•	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual		
	., .,		F. Intermunicipal	M. Profit Orga		
	rease Award C. Increase	e Duration	G. Special District	N. Other (Spe	ecify) Non Profit	
D. Decrease Duration Other(s	specity):		9. NAME OF FEDERA	AL AGENCY:		
			U.S. Depart	ment of	Commerce nt Administration	
		· · · · · · · · · · · · · · · · · · ·	ECOHOMIC De	everopmen.	ic Administration	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	ICANT'S PROJECT:	
		1 1 — 3 0 7				
TITLE: Economic	- Adiustment		North For	k Mill S	Site Reuse	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ates, etc.):	1			
North Fork, Made	era County, Cal	ifornia			DEGEOVE	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project	10	LL MAY 2 2003	
04/01/04 11/01/05	19			SUBJECT TO	REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PF		OTATE OF EADING HE	
a. Federal	\$ 100.034	.00			STATE CLEARING HU	
b. Applicant	198,934	.00	AVAILABLE	E TO THE STA	TE EXECUTIVE ORDER 12372	
	22,210		PROCESS	FOR REVIEW	ON:	
c. State	\$.00	DATE <u>04</u>	/25/03		
d. Local	\$ 1,164	.00	b. No. TI PROGRA	AM IS NOT CO	VERED BY E. O. 12372	
e. Other	\$ 16,875	.00	OR PRO	GRAM HAS NO	OT BEEN SELECTED BY STATE	
4 D		00	FOR REV	/ I = VV		
f. Program Income	\$	•	17. IS THE APPLICAL	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 239,633	.00	Yes If "Yes,"	attach an expl	anation. X No	
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRU	JE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	HE APPLICAN	T WILL COMPLY WITH THE	
a. Type Name of Authorized Rep	resentative	b. Title	DIDECEO	c. Telephone		
JOHN BARRY VESS		EXECUTIVE	DIRECTOR		77-2244	
d. Signature of Authorized Repre-	sentative	mi Dam	7 Vesser	e. Date Signe 04/25,	703 <u> </u>	
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